

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO <b>09/752227</b>	FILING DATE <b>12-29-00</b>
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
53						
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98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	23					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS